

FILED FEB 27 1942

1003

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 103

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter Reeves Tubbs

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Augusta Tubbs 6. (c) Age of husband or wife if alive. 67 years

7. Birth date of deceased. June 7th 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 28 hr. min.

9. Birthplace. Rome Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation. Insurance broker

11. Industry or business

MOTHER FATHER { 12. Name. William Tubbs
13. Birthplace. New Hampshire
(City, town, or county) (State or foreign country)
14. Maiden name. Henrietta A. Johnston
15. Birthplace. N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Augusta B. Tubbs
(b) Address. 2105 Blendon Pl.

17. (a) Burial (b) Date thereof. 1-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mt. Lebanon Cem.

18. (a) Signature of funeral director. Kriegshauser Mortuary
(b) Address. 4228 So. Kingshighway Blvd.

19. (a) JAN 5 1942 (b) J. F. Budek
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2105 Blendon Pl.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th
year 1942 hour 4:20 minute A.M. M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration.....

Lobar Pneumonia

Due to.....

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? Means of injury.....

23. Signature Thomas J. Callan (M.D. or other) Deputy Coroner
Address..... Date signed 1/5/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Reinhold Thahmann

Licensed Embalmer No.....

3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.